

PRINTED: 06/02/2017
FORM APPROVED

Division of Health Care Facilities

30th 6/30/17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/30/2017
---	---	---	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SOUTHERN TENN MEDICAL CENTER SNF

629 HOSPITAL ROAD
WINCHESTER, TN 37398

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 831}	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall physical environment.</p> <p>The findings included:</p> <p>1. Observation on 5/30/17 at 10:42 AM-10:45 AM, revealed unsealed penetrations in the rated walls in the following areas:</p> <p>a. Above PT doors b. Above East smoke doors</p> <p>Maintenance staff was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 5/30/17.</p>	{N 831}	<p>N831</p> <p>This facility does maintain the smoke/fire walls.</p> <p>All residents residing in the facility have the potential to be affected.</p> <p>The penetration above the PT doors will be repaired with 3M fire caulk by 6/26/17 by the maintenance staff.</p> <p>The penetration above the East smoke doors was repaired with 3M fire caulk on 6/26/17 by the maintenance staff.</p> <p>The Maintenance Director or his designee will monitor through observation monthly to ensure that there are no penetrations in the fire walls. This will be done on an ongoing basis. Findings will be reported by the Maintenance Director or his designee to the Quality Assurance Performance Improvement Committee monthly times 3 months and then quarterly. The Quality Assurance Performance Improvement Committee consists of the Medical Director, Administrator, Director of Nursing, Social Services, MDS Coordinator, Admissions, Dietary / Environmental Services Manager, Maintenance, and Therapy.</p>	6/26/17

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0000

5QB22

If continuation sheet 1 of 1

PRINTED: 06/02/2017
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 03 - EMERALD/HODGSON B. WING _____		(X3) DATE SURVEY COMPLETED R 05/30/2017
NAME OF PROVIDER OR SUPPLIER SOUTHERN TENN MEDICAL CENTER SNF			STREET ADDRESS, CITY, STATE, ZIP CODE 629 HOSPITAL ROAD WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the medical gas lines above ceiling. The finding included: Observation on 5/30/17 at 1:11 PM-1:15 PM, revealed medical gas lines in contact with dissimilar metals on the skilled hallway. NFPA 101, 19.3.2.4 (2012 Edition) NFPA 99, 5.1.10.11.2 (2012 Edition) Maintenance staff was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 5/30/17.	N 831	N831 This facility does maintain the piped in medical gas lines All residents residing in the facility have the potential to be affected. The Maintenance Director will have assessed and separated any dissimilar metals on the skilled hallway by 6/26/17. The Maintenance Director or his designee will monitor through observation monthly to ensure that there are no dissimilar metal lines touching the metal gas lines. This will be done on an ongoing basis. Findings will be reported by the Maintenance Director or his designee to the Quality Assurance Performance Improvement Committee monthly times 3 months and then quarterly. The Quality Assurance Performance Improvement Committee consists of the Medical Director, Administrator, Director of Nursing, Social Services, MDS Coordinator, Admissions, Dietary / Environmental Services Manager, Maintenance, and Therapy.	6/26/17	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5499

5QBN22

If continuation sheet 1 of 1

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 05/30/2017
NAME OF PROVIDER OR SUPPLIER SOUTHERN TENN MEDICAL CENTER SNF		STREET ADDRESS, CITY, STATE, ZIP CODE 629 HOSPITAL ROAD WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 831}	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the overall physical environment. The findings included: 1. Observation on 5/30/17 at 10:42 AM-10:45 AM, revealed unsealed penetrations in the rated walls in the following areas: a. Above PT doors b. Above East smoke doors Maintenance staff was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 5/30/17.	{N 831}	N831 This facility does maintain the smoke/fire walls. All residents residing in the facility have the potential to be affected. The penetration above the PT doors will be repaired with 3M fire caulk by 6/26/17 by the maintenance staff. The penetration above the East smoke doors was repaired with 3M fire caulk on 6/26/17 by the maintenance staff. The Maintenance Director or his designee will monitor through observation monthly to ensure that there are no penetrations in the fire walls. This will be done on an ongoing basis. Findings will be reported by the Maintenance Director or his designee to the Quality Assurance Performance Improvement Committee monthly times 3 months and then quarterly. The Quality Assurance Performance Improvement Committee consists of the Medical Director, Administrator, Director of Nursing, Social Services, MDS Coordinator, Admissions, Dietary / Environmental Services Manager, Maintenance, and Therapy.	6/26/17

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Holly Hopkins

Administrator

6/21/17

STATE FORM

6899

5QBN22

If continuation sheet 1 of 1

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 03 - EMERALD/HODGSON B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/30/2017
NAME OF PROVIDER OR SUPPLIER SOUTHERN TENN MEDICAL CENTER SNF		STREET ADDRESS, CITY, STATE, ZIP CODE 629 HOSPITAL ROAD WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the medical gas lines above ceiling. The finding included: Observation on 5/30/17 at 1:11 PM-1:15 PM, revealed medical gas lines in contact with dissimilar metals on the skilled hallway. NFPA 101, 19.3.2.4 (2012 Edition) NFPA 99, 5.1.10.11.2 (2012 Edition) Maintenance staff was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 5/30/17.	N 831	N831 This facility does maintain the piped in medical gas lines All residents residing in the facility have the potential to be affected. The Maintenance Director will have assessed and separated any dissimilar metals on the skilled hallway by 6/26/17. The Maintenance Director or his designee will monitor through observation monthly to ensure that there are no dissimilar metal lines touching the metal gas lines. This will be done on an ongoing basis. Findings will be reported by the Maintenance Director or his designee to the Quality Assurance Performance Improvement Committee monthly times 3 months and then quarterly. The Quality Assurance Performance Improvement Committee consists of the Medical Director, Administrator, Director of Nursing, Social Services, MDS Coordinator, Admissions, Dietary / Environmental Services Manager, Maintenance, and Therapy.	6/26/17

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Holly Hopkins

Administrator

6/26/17